rameters, showing correlation with the clinical response achieved. There were significant changes in major components of QLQ-C30 in pts who achieved clinical response.

PCN6

CAN ICD-9 CODES BE USED AS A PROXY FOR DISEASE STAGING IN ECONOMIC EVALUATIONS?

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Administrative health care databases are increasingly used as a source of data for economic studies in cancer. In order to adjust for disease severity, several investigators have utilized ICD-9 codes indicating metastases as a proxy for cancer staging. **OBJECTIVE:** To determine the validity of using ICD-9-CM codes indicating metastases as a proxy to classify lung cancer patients by stage of disease. **METHODS:** This retrospective database analysis used diagnosis codes to classify subjects to either localized or advanced stage disease and then compared this classification to the tumor registry staging, which was considered as the "gold standard". Study subjects included all lung cancer patients treated at an academic institution during 1996–97 who were also members of a large insurance company. Data was derived from inpatient cancer-related claims linked with the institution's tumor registry data. Advanced stage disease (stages II to IV) was defined by claims indicating lymph node involvement or metastases (ICD-9 codes 196-199.1). The tumor registry staging of the disease for these patients were clustered into two groupings, stages 0–I (localized) and stages II–IV (advanced). **RESULTS:** Tumor registry entries were identified for 85.7% of patients. The crude concordance between the claims and tumor registry classifications was 74.2% (Kappa coefficient = 0.4848). The positive predictive value of identifying localized disease utilizing ICD-9 coding was 57.6%,while the predictive value of a negative test was 91%. The sensitivity and specificity for dichotomized disease stage was 86.4% and 68.2% respectively. **CONCLUSIONS:** For a population of lung cancer patients in an academic institution, the use of ICD-9 coding was associated with modest predictability for disease staging. The use of ICD-9 coding as a proxy for disease staging in economic evaluations should be executed with caution.

PCN7

ECONOMIC EVALUATION OF GEMZAR AND BEST SUPPORTIVE CARE (BSC) RELATIVE TO BEST SUPPORTIVE CARE ALONE IN THE TREATMENT OF NON SMALL CELL LUNG (NSCLC) CANCER IN THE UK

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OBJECTIVES: Lung cancer is a leading cause of morbidity and mortality. Chemotherapy is one of the main treatment options but its availability in the UK is limited in comparison to other countries, is inconsistent across geographical regions, with many patients receiving only palliative care. The present study reports results of an economic evaluation of Gemzar (one of the newer agents available) and best supportive care (BSC) relative to BSC in the treatment of advanced NSCLC. BSC relates to all forms of care which are non-curative in intent excluding chemotherapy. **METHODS:** The study is undertaken from the perspective of the UK NHS. Data were extracted from a comparative trial undertaken in the UK (Anderson et al in 1997). Cost estimates are based on: chemotherapy and associated infusion, hospitalisations, health care professional visits, concomitant medications, radiotherapy and terminal palliative care. Resource utilisation data from the clinical trial were combined with unit-cost data from various UK sources. Costs are presented in 2000 price levels and the time horizon for their estimation is one year; hence discounting was unnecessary. Treatment effectiveness is measured by progression-free survival and tumour response. Extensive sensitivity analysis was also performed. **RESULTS:** Total treatment cost per patient in the Gemzar/BSC arm was estimated at £5,502 and at £3,861 for the BSC arm, the difference attributed mainly to the drug (Gemzar) and its administration costs. The intervention arm had lower radiotherapy/concomitant medication costs, but this did not offset the drug acquisition cost. Progression free life years and overall tumour response rates were 0.789 and 18.5% in the Gemzar/BSC arm and 0.474 and 0% in the BSC arm. The incremental cost-per-progression-free-life-year gained in Gemzar/BSC relative to BSC is £5,228 and the incremental cost-per-tumour-response £8,873. Changes in the key variables varied the above ratios between £3,000 and £23,000. **CONCLUSIONS:** The economic evaluation presented above shows that Gemzar/BSC is a cost-effective therapy for advanced NSCLC relative to BSC alone.

PCN8

ECONOMIC EVALUATION OF GEMZAR IN THE TREATMENT OF PANCREATIC CANCER IN THE UK

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OBJECTIVES: Pancreatic cancer is a significant and increasing cause of morbidity and mortality in the UK. Treatment with chemotherapy has shown to improve symptoms and survival of patients. Gemzar is licenced for treatment of pancreatic cancer in the UK. This study reports on an economic evaluation of Gemzar relative to 5-FU, a commonly used regimen for advanced pancreatic cancer patients in the UK. **METHODS:** The perspective is that of the UK-NHS. Data were derived from a clinical